



OLD DOMINION UNIVERSITY

Faculty Research/Development Assignment Request Form

It is hereby recommended that the following individual be granted a research/development assignment. A separate form must be completed for each research/development leave applicant.

Faculty Member Information*

Department/School _____

College/School _____

First Name _____

Middle Initial _____

Last Name _____

UIN _____

Phone Number _____

Email _____

Street Address _____

Apt Number _____

City _____

State _____

Zip Code _____

Leave

Research Leave Development Leave

Years of continuous full-time service at ODU: _____

Spring Fall 20____

Year Tenure Awarded: _____

Prior Leave Assignments:

YES NO

If the answer is YES, indicate the date(s) of the prior assignment: _____

Plans for Filling Position During Absence

* **MUST** submit the following documents with this form: (a) the Faculty member's request and (b) the Faculty member's current CV.

See the [ODU Teaching and Research Faculty Handbook](#) for policies and procedures concerning faculty research and development assignments.



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Purpose of Assignment

Justifying Factors for Recommendation

Recommended By

Department/School Chair or Director Signature:

Date



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Dean's Comments/Notes

Approvals

Dean's Signature

Date

Provost and Executive Vice President for Academic Affairs' Signature

Date